Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the November 18, 2004, meeting of the Pharmacy and Therapeutics Advisory Committee.

ITEM	Options For Consideration
Benign Prostatic Hypertrophy Disease Management Review	1. The alpha-blockers are considered to be equivalent for safety and efficacy. 2. The 5-alpha reductase inhibitors are considered to be equivalent for safety and efficacy. 3. Select at least one alpha blocker for the PDLbased on lowest effective net cost. 4. Prior authorize the 5-alpha reductase inhibitors and select at least one for the PDL based on lowest effective net cost. 5. For any new chemical entity in the alpha-blocker or 5-alpha reductase inhibitor class, require a PA and quantity limit until reviwed by the P&T Advisory Comittee.
Erectile Dysfunction Disease State Management Review	1. The PDE5 inhibitors (Viagra, Levitra, Cialis) are considered to be equivalent for safety and efficacy. 2. The Alprostadil agents (Caverject, Edex) are considered to be equivalent for safety and efficacy. Muse is not as well tolerated as the other two agents and is more likely to cause systemic effects such as hypotension. 3. All the testosterone agents are considered to be equivalent in safety and efficacy. 4. Yohimbine is non-essential 5. Limit quantities to a total of 4 units per month for any of the PDE5 inhibitors and Alprostadil agents. 6. Limit treatment to males only for PDE5 inhibitors, alprostadil agents, and testosterone agents. 7. Select at least one agents from PDE5 inhibitors, alprostadil agents to be on the PDL based on lowest effective net cost. 8. Retain current PA status for testosterone and yohimbine agents. 9. For any new chemical entity in the alpha-blocker or 5-alpha reductase inhibitor class, require a PA and quantity limit until reviewed by the P&T Advisory Comittee.

ITEM	ITEMS TO BE DISCUSSED
ATYPICAL ANTIPSYCHOTIC AGENTS	1. DMS will utilize established guidelines for atypical antipsychotic class. 2. All patients prescribed an atypical antipyschotic medication will be required to have the diagnosis on the prescription. 3. Atypicals moratorium extended until 12-18-04: duplicate therapy, max dosages, and ICD-9 enforcement 4. All scripts written for atypical antipsychotic agents must have diagnosis code effective 09-16-04. 5. Current prior authorization criteria and utilization data will reviewed at next Pharmacy and Therapeutics Advisory Committee Meeting on November 18, 2004.
SKELETAL MUSCLE RELAXANTS	1. Duration of therapy for skeletal muscle relaxants will be 90 days.
PROTON PUMP INHIBITORS	1. Prilosec OTC scripts will have quantity limit of 60 tablets per 30 days with a 12 week duration of therapy.